

**REVOCATION OF POWER OF  
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Application Number	10/600824
Filing Date	6/20/2003
First Named Inventor	Joao Jose Cardinali Ieda
Art Unit	3744
Examiner Name	William E. Tapolcai
Attorney Docket Number	WAH0104PUS

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number: 62124

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Joao Jose Cardinali Ieda

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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